

Crowther, Joan (DEQ)

From: Crowther, Joan (DEQ)
Sent: Wednesday, January 08, 2014 1:04 PM
To: 'Tim Clemons'
Cc: 'Dudley Pattie'
Subject: RE: VA0022845 Town of Madison Permit Application

No, this is all I need..

Have a great day..

From: Tim Clemons [<mailto:TClemons@rapidan.org>]
Sent: Wednesday, January 08, 2014 12:57 PM
To: Crowther, Joan (DEQ)
Subject: RE: VA0022845 Town of Madison Permit Application

Joan, your letter is correct with regard to the latitude and longitude. The first cited in your letter is the plant. The outfall number you show is correct. I also have made a note of the O&M date for future use. Do we need to send in any revised forms?

Thanks and hope you are having a great day and new year.

Tim

From: Crowther, Joan (DEQ) [<mailto:Joan.Crowther@deq.virginia.gov>]
Sent: Thursday, January 02, 2014 12:33 PM
To: Dudley Pattie
Cc: Tim Clemons
Subject: VA0022845 Town of Madison Permit Application

Hi Dudley,

Please find attached my January 2, 2014, letter stating that the Town of Madison WWTP Permit Application is complete but I need for you to confirm the latitude and longitude for the outfall. Please do this by January 17, 2014.

Thanks,

Joan

Joan C. Crowther
VPDES Permit Writer
VA Department of Environmental Quality
13901 Crown Court
Woodbridge, VA 22193
703-583-3925
fax 703-583-3821
joan.crowther@deq.virginia.gov

Crowther, Joan (DEQ)

From: Tim Clemons [TClemons@rapidan.org]
Sent: Tuesday, December 17, 2013 2:41 PM
To: Crowther, Joan (DEQ)
Subject: Emailing: Madison POTW Permit Renewal for 2014
Attachments: Madison POTW Permit Renewal for 2014.pdf

Take care yourself and have a great holiday time.

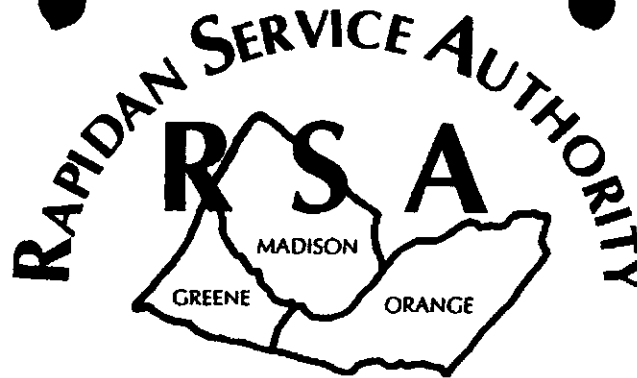
Tim

Your message is ready to be sent with the following file or link attachments:

Madison POTW Permit Renewal for 2014

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

RAPIDAN SERVICE AUTHORITY
11235 SPOTSWOOD TRAIL
PO BOX 148
RUCKERSVILLE, VA 22968
TEL 434-985-7811
FAX 434-985-6075



Serving the Counties of Greene, Madison and Orange

RAPIDAN SERVICE AUTHORITY
3489 GERMANNA HWY
PO BOX 736
LOCUST GROVE, VA 22508
TEL 540-972-2133
FAX 540-972-7065



December 17, 2013

Ms. Joan C. Crowther
Virginia Department of Environmental Quality
Northern Virginia Regional Office
13901 Crown Court
Woodbridge, VA 22193

Re: Reissuance of VPDES Permit No. VA0022845, Madison POTW

Dear Ms. Crowther:

Enclosed please find an original of the application for reissuance of the Madison POTW VPDES Permit. Please contact me at 434 985-7811 if you have any questions regarding this submittal.

Sincerely,

Timothy L. Clemons
Assistant General Manager

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Virginia Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9VAC25-31-290.C.2.

Agent/Department to be billed: _____

Owner: Rapids Service Authority

Applicant's Address: P.O. Box 148

Ruckersville, VA 22968

Agent's Telephone Number: (434) 985-7811

Authorizing Agent:

[Signature]
Signature

VPDES Permit No. VA0022845

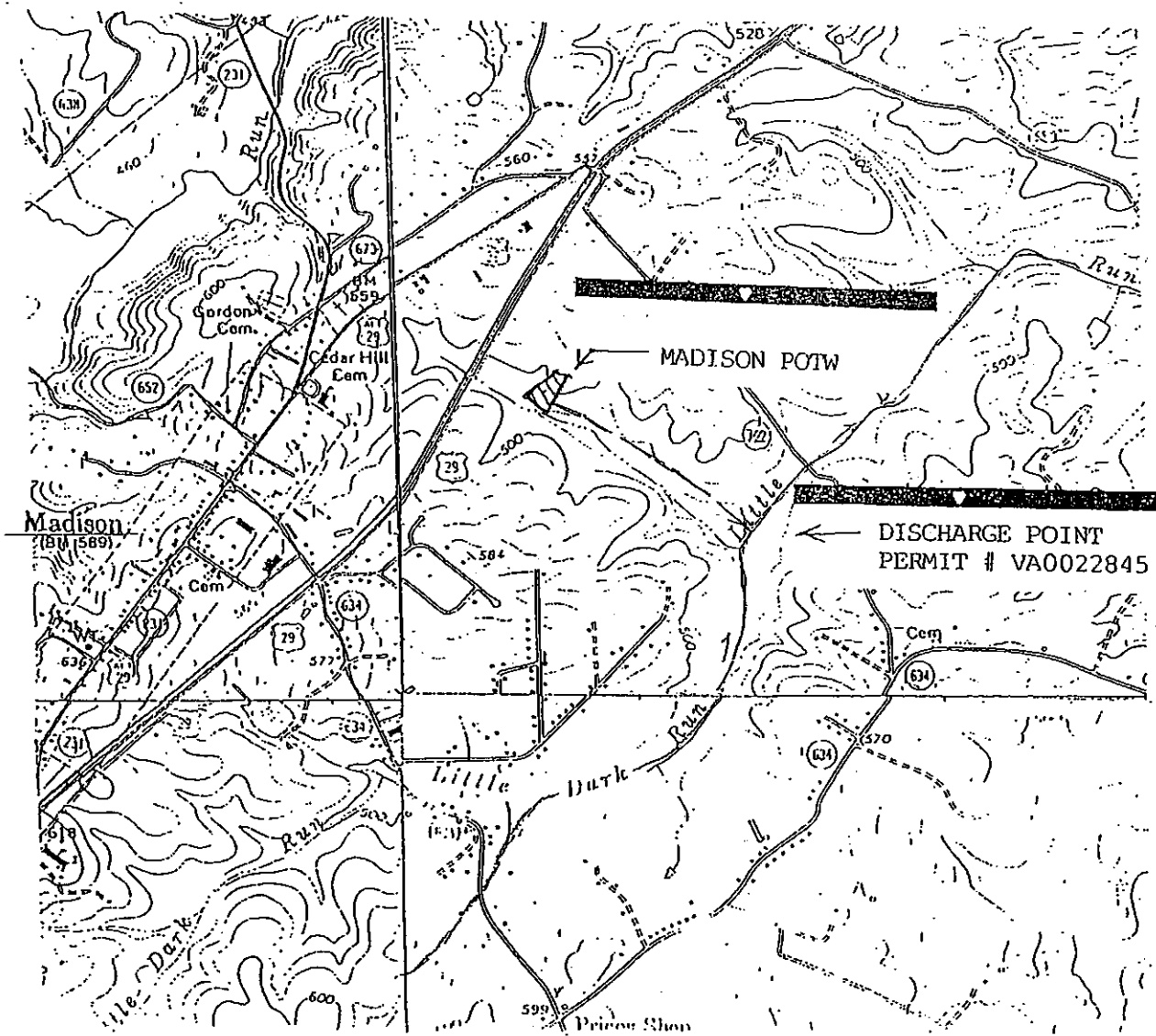
Facility Name Town of Madison WWTP

Please return to:

Joan C. Crowther
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: (703)583-3821



MADISON POTW



VICINITY MAP

LATITUDE - 38° 23' 05"
LONGITUDE - 78° 14' 40"



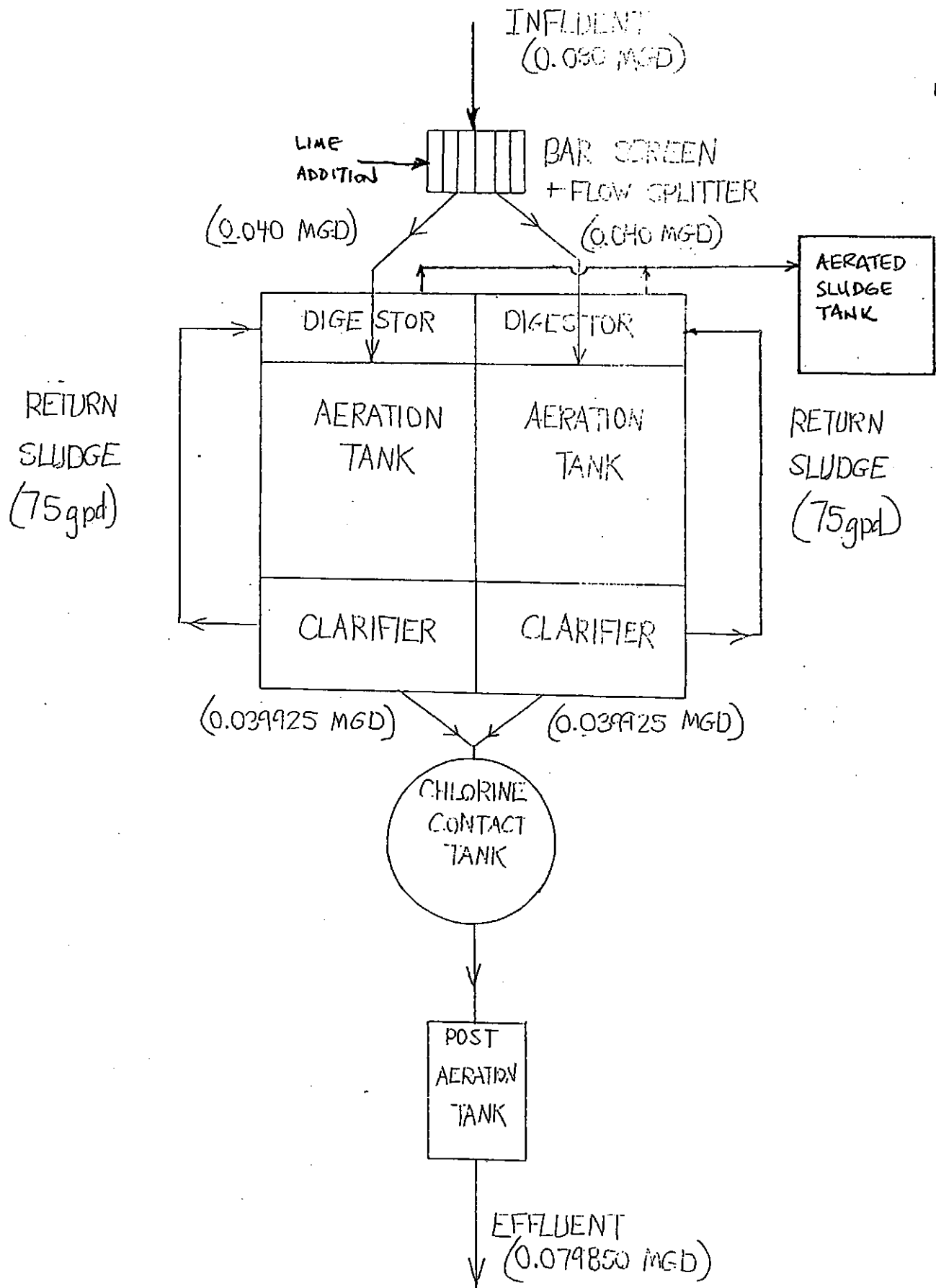
U.S.G.S. Quadrangle Maps:
Madison
Madison Mills
Rochelle
Brightwood

SCALE: 1"=200'

MADISON WASTEWATER TREATMENT PLANT DIAGRAM

RSA
8/10/93

REVISED
8/28/03
9/04/08



FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:15%;"></td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14</td> </tr> <tr> <td></td> <td></td> <td></td> <td>15</td> </tr> </table> </div>	S		T/A	C	F			D	1	2	13	14				15
S		T/A	C																
F			D																
1	2	13	14																
			15																
I. LABEL ITEMS EPA I.D. NUMBER FACILITY NAME FACILITY MAILING ADDRESS FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE																	
II. POLLUTANT CHARACTERISTICS		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .																			
SPECIFIC QUESTIONS		SPECIFIC QUESTIONS																	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)																	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)																	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)																	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)																	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)																	
III. NAME OF FACILITY SKIP Madison POTW																			
IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) Clemons, Timothy L. Assistant General Manager		B. PHONE (area code & no.) (434) 985-7811																	
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX P.O. Box 148																			
B. CITY OR TOWN Ruckersville		C. STATE VA	D. ZIP CODE 22968																
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 1033 Fishback Rd.																			
B. COUNTY NAME Madison																			
C. CITY OR TOWN Madison		D. STATE VA	E. ZIP CODE 22727																
		F. COUNTY CODE (if known) 113																	

VII. SIC CODES (4-digit, in order of priority)
--

VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)

E. STREET OR P.O. BOX	
PO Box 148	
26	55

X. EXISTING ENVIRONMENTAL PERMITS

B. UIC (Underground Injection of Fluids)										E. OTHER (specify)											
C	T	I								C	T	I								(specify)	
9	U		N/A							9			N/A								
15	16	17	18							30	15	16	17	18							30

C. RCRA (Hazardous Wastes)														E. OTHER (specify)																	
C	T	I												C	T	I												(specify)			
9	R		N/A											9			N/A														
15	16	17	18												30	15	16	17	18												30

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

Municipal wastewater treatment utilizing an activated sludge treatment process.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (8-90)

BASIC APPLICATION INFORMATION**PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:****All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.****A.1. Facility Information.**

Facility name Madison POTW

Mailing Address P.O. Box 148
Ruckersville, VA 22968

Contact person Timothy L. Clemons

Title Assistant General Manager

Telephone number (434) 985-7811

Facility Address 1133 Fishback Rd.
(not P.O. Box) Madison, VA 22727

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name Rapidan Service Authority

Mailing Address PO Box 148
Ruckersville, VA 22968

Contact person Timothy L. Clemons

Title Assistant General Manager

Telephone number (434) 985-7811

Is the applicant the owner or operator (or both) of the treatment works?



owner



operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility

applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0022845 PSD N/A

UIC N/A Other N/A

RCRA N/A Other N/A

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Madison</u>	<u>784</u>	<u>Separate</u>	<u>Municipal</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total population served <u>784</u>			

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.080
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.0529 (2011)</u>	<u>0.0443 (2012)</u>	<u>0.0524</u> mgd
c. Maximum daily flow rate	<u>0.35</u>	<u>0.11</u>	<u>0.21</u> mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %
☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
ii. Discharges of untreated or partially treated effluent 0
iii. Combined sewer overflow points 0
iv. Constructed emergency overflows (prior to the headworks) 0
v. Other 0

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each surface impoundment:

Location: N/AAnnual average daily volume discharged to surface impoundment(s) N/A mgdIs discharge ☐ continuous or ☐ intermittent?

- c. Does the treatment works land-apply treated wastewater?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each land application site:

Location: N/ANumber of acres: N/AAnnual average daily volume applied to site: N/A MgdIs land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No

FACILITY NAME AND PERMIT NUMBER:

Madison POTW VA0022845

Form Approved 1/14/99
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

N/A

If transport is by a party other than the applicant, provide:

Transporter name: N/A

Mailing Address:

Contact person: N/A

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name: N/A

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility.

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

Yes



No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

N/A

Annual daily volume disposed of by this method:

N/A

Is disposal through this method

continuous or

intermittent?

FACILITY NAME AND PERMIT NUMBER:

Madison POTW VA0022845

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Madison 22727
(City or town, if applicable) (Zip Code)
Madison VA
(County) (State)
38° 23' 05" 78° 14' 40"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate 0.052 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
 Yes ✓ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: N/A
- Average duration of each discharge: N/A
- Average flow per discharge: N/A mgd
- Months in which discharge occurs: N/A
- g. Is outfall equipped with a diffuser? Yes ✓ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Little Dark Run
- b. Name of watershed (if known) Rappahannock
- United States Soil Conservation Service 14-digit watershed code (if known): UNK
- c. Name of State Management/River Basin (if known): UNK
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): UNK
- d. Critical low flow of receiving stream (if applicable):
acute N/A cfs chronic N/A cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Madison POTW VA0022845

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☐ Primary☒ Secondary☐ Advanced☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal

88 %

Design SS removal

88 %

Design P removal

N/A %

Design N removal

N/A %

Other _____

N/A %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall?



Yes

☐ No

- d. Does the treatment plant have post aeration?



Yes

☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.5	s.u.			
pH (Maximum)	7.6	s.u.			
Flow Rate	0.21	MGD	0.05	MGD	243
Temperature (Winter)	11.4	°C	11.1	°C	3
Temperature (Summer)	21.3	°C	20.9	°C	3

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	10	mg/l	5	mg/l	35	SM5210	
	CBOD-5							
FECAL COLIFORM (E-coli)		126	n/cml	30	n/cml	16	COLILERT	
TOTAL SUSPENDED SOLIDS (TSS)		13	mg/l	8	mg/l	35	SM2540D	

* Geometric Mean

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Madison POTW VA0022845

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Budley M. Pattie General Manager

Signature

Telephone number (434) 985-7811

Date signed

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

1. Entity to whom the permit is to be issued: Rapidan Service Authority

2. Is this facility located within city or town boundaries? Yes ☐ No ☒

3. Provide the tax map parcel number for the land where the discharge is located. TMP 40-A-21

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? N/A

5. What is the design average effluent flow of this facility? 0.08 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No X☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. Nature of operations generating wastewater:

Municipal wastewater treatment

100 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 91

% of flow from non-domestic connections/sources

7. **Mode of discharge:** X ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

X Permanent stream, never dry

Intermittent stream, usually flowing, sometimes dry

Ephemeral stream, wet-weather flow, often dry

Effluent-dependent stream, usually or always dry without effluent flow

Lake or pond at or below the discharge point

Other:

9. Approval Date(s):

O & M Manual unknown

Sludge/Solids Management Plan 3/30/2004

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 – Sludge Disposal Management (To be completed by all facilities)

Facility Name: Madison POTW

VPDES Permit No: VA0022845

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☐ Yes ☒ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name _____

b. Receiving Facility VPDES Permit No. _____

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge _____

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☒ Yes ☐ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name Maplewood Recycling and Waste Disposal Facility

b. Landfill Permit No. 540

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ☐ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name _____

c. Air Registration No. _____

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☐ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the VDACS certification number? _____

☐ Yes ☐ No

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☐ Yes ☒ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☐ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name _____

b. Permit No. _____

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☐ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☐ Yes ☐ No
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☐ Yes ☐ No
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No
If no, provide the data with this application. _____

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
 - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - b. A description of the transport vehicles to be used.
 - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title Dudley M. Pattie, RSA General Manager

Signature 

Telephone number / Email (434) 985-7811 / rsa@rapidan.org

Date signed 12/17/13

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)



MAPLEWOOD LANDFILL

20221 Maplewood Road
Jetersville, Virginia 23083
(804) 561-5787
(804) 526-7041 Fax

December 4, 2013

Mr. Tim Clemons
Madison County Wastewater Treatment Plant
c/o Madison County, Virginia
302 Thrift Road
Madison, Virginia 22727

VIA ELECTRONIC TRANSMISSION

Re: Maplewood Recycling and Waste Disposal Facility
Solid Waste Permit Number 540

Dear Mr. Clemons:

Per your e-mail request to Jacqueline Frye, et al. with Madison County regarding the Madison Wastewater Treatment Plant permit renewal the following is the information you requested:

Landfill Name: Maplewood Recycling and Waste Disposal Facility
Permit Number: 540

The above referenced facility is permitted to accept non-hazardous wastewater treatment plant sludge that meets all current Virginia DEQ Solid Waste Management Regulations. This would include sludge from the Madison County Wastewater Treatment Plant should it meet these standards. Please let me know if you any need any additional information.

Sincerely,

Brian S. McClung
Senior District Manager
Maplewood Landfill